DPSST Office Use Only
Approved:
Rejected:
Date:
By:

Oregon Department of Public Safety Standards and Training

DPSST Content Expert Approval Request for Task Books/TPE

Fax: 503-378-4600 Mail: 4190 Aumsville Hwy SE; Salem OR 97317 Questions? Call DPSST at 503-378-2100 Revised November 2024



		Revise	d November 2024	
	INSTR	UCTOR PERS	SONAL INFORMATION	
Last Name	First Name	Middle Inl	Date of Birth	DPSST Fire # (If applicable)
Email Address (we'll email you results of your request)			Primary Phone Number	Secondary Phone Number
Fire Service Agency	or Company Name			
nrough DPSST in the	e level they are reque e respective levels of our pr to be kept on file a	sting to evaluat certification. And and a copy shou	te but can provide a resumo n approval or rejection letto	Experts may not be certified e demonstrating that they are a er from DPSST will be sent to the ted Task Performance Evaluations
provide Ta	ask Book or Task	Performanc	e Evaluation signatur	requesting to evaluate and es: e and Emergency Services
Instructor	I through DPSST	? Yes No No		5 ,
	ES , move to question		uctor resume then move to	question 2
3. Are you co than DPSS IF Y	ertified at the lev ST? Yes No O ES, please attach doc	el you are ro	equesting to evaluate	from another entity other
	· · · ·	SIGI	NATURE	
•	nderstand that falsifica and OAR 259-009-012		cument makes my certificat	ions subject to denial or revocation
Signature of Requester				Date